

CITY OF MOUNTAIN VIEW  
ATTN: MOBILE VENDING PERMIT  
POST OFFICE BOX 7540  
MOUNTAIN VIEW, CA 94039-7540  
finance@mountainview.gov



# APPLICATION FOR MOBILE VENDING

This application must be filed with the Finance and Administrative Services Department prior to the commencement of mobile vending.

\*\*\*IF FILLING OUT BY HAND, PLEASE PRINT\*\*\*

## REQUIRED TO APPLY:

Attach to the application the following:

- ☐ **Proof of Liability Insurance** – Attach proof of Commercial General Liability insurance and Automobile Liability insurance, both in a minimum amount of \$1,000,000. Your proof of Liability insurance must include the owner's name, location of the business, and list the City of Mountain View, its Council, boards, commissions, officers, employees, volunteers, and agents as additional insureds. You must provide a copy of the declarations or information pages of the insurance policies. The City will not accept additional insured endorsements contingent on a contract.
- Proof of Workers' Compensation Insurance (California Statutory amount)(if applicable)** – Attach proof of Workers' Compensation insurance, if required to carry, and a copy of the declarations or information page of the policy.
- ☐ **A copy of your Santa Clara County-issued Health Permit (applicable only to Mobile Food Vendors).**

Applicant's Name: First	Middle	Last
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**NOTICE: I understand that I must be available for the duration of this vending operation, either on-site or by telephone, and that I am fully responsible for this vending operation.**

Applicant's Initials \_\_\_\_\_

Applicant's Home Address	City	State	Zip
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Applicant's Telephone Number	Applicant's City Business License No.	Applicant's Retail Sales Tax License No.
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Business Name Applicant Is Employed By (If applicable)	Business Telephone	Have you ever been issued a vendor's permit by the City of Mountain View? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when?
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Business Address	City	State	Zip
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Contact Person (Designated Employee or Agent to be Contacted) (Optional)	Contact Person's Phone No.
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Contact Person's Address	City	State	Zip
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Has your designated employee or agent ever been issued a vendor's permit by the City of Mountain View? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when?	Location of Storage <sup>1</sup> (For Any Vehicle Or Other Mobile Unit When Not In Use)
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Date Business Started (in Mountain View) \_\_\_\_\_

Description of Goods, Wares, Services, etc. \_\_\_\_\_

<input type="checkbox"/> I have read and agree to comply with Chapter 15, Article II, of the Mountain View City Code regarding Mobile Vendors and agree to comply with all applicable State and Federal laws.  Signature _____ Date _____ Printed Name _____	<input type="checkbox"/> I agree to collect and remit State sales tax as required by law on all sales conducted in the City of Mountain View.  Signature _____ Date _____ Printed Name _____
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<input type="checkbox"/> Under State law, I am not required to obtain Workers' Compensation insurance. I agree to notify the City of Mountain View should I hire employees and/or become subject to Workers' Compensation requirements under State law.	
Signature _____ Date _____	Printed Name _____

<b>FOR OFFICE USE</b>	Date Paid _____	Amount Paid _____	Receipt No. _____	Cashier _____
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<sup>1</sup> The identified location for mobile food vendors must be the same storage location permitted by the County Department of Environmental Health.